



Division of Professional Regulation  
861 Silver Lake Blvd.  
Cannon Building, Suite 203  
Dover, Delaware 19904-2467  
(302) 744-4500

## DUPLICATE RENEWAL NOTICE

DUE DATE: January 31, 2005

### Please answer the following questions:

1. Have you had any disciplinary proceeding or complaints brought against you in any jurisdiction, been convicted of any crime, or been the subject of a court order related to the practice of social work since you last renewed your Delaware license? YES\_\_\_\_ NO\_\_\_\_

2. Are you willing to be contacted about volunteer opportunities in connection with state or national emergencies? YES\_\_\_\_ NO\_\_\_\_

YOUR SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

*Please provide written documentation to verify any requests for name change, such as a copy of a marriage certificate, divorce decree or other legal document.*

NAME: (Please Print) \_\_\_\_\_ ☐ Check box if new address

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

**DUE DATE: January 31, 2005**

**Late fee due if postmarked after Due Date**

**PROFESSION (circle one):**

Licensed Clinical Social  
Worker

**AMOUNT DUE:**

\$102.00

**LATE FEE:**

\$51.00

**LICENSE NUMBER:**

Q1-\_\_\_\_\_

*All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."*